



Lake Region District Health Unit  
524 4<sup>th</sup> Ave NE – Unit 9  
Devils Lake, ND 58301  
701.662.7035

## Environmental Health Concern/Complaint Documentation Form

Date: \_\_\_\_\_

Physical location of alleged concern/complaint: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Is the described physical location on:    \_\_\_State Land    \_\_\_Tribal /Trust land?

Directions to the above described location \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Owner of the property (if known) described above: \_\_\_\_\_

Telephone Number of the Owner (if known): \_\_\_\_\_

Complete description of the concern/complaint: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Do you have photos of the above described issue? \_\_\_\_\_No \_\_\_\_\_Yes (if yes, please include a copy of the pictures with this form)

Name of complainant: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_



***Investigation of Alleged Nuisance, Source of Filth or Cause of Sickness***

Purpose:

*To provide a method for the investigation of reported nuisances, sources of filth or causes of sickness that is consistent and fair while protecting the health and safety of the residents and visitors to the LRDHU area.*

- A. *The LRDHU Board pursuant to Section 23-35-08 of the North Dakota Century Code does have the authority to make rules regarding, may inquire into and may abate or remove any nuisance, source of filth, or cause of sickness when necessary to protect the public health and safety.*
- B. *If it does become necessary to abate or remove a nuisance, source of filth, or cause of sickness the Board of Health shall follow guidelines established in the NDCC Section 23-35-09. These sections relate to the serving notice, levying and assessing costs against the property and obtaining a court warrant when needed.*



**Office Use Only**

Date of verbal report of concern/complaint: \_\_\_\_\_

Instruction to caller that a written complaint is necessary and address to which the "complaint form" could be forwarded to requested: \_\_\_\_\_

Date of written receipt of concern/complaint: \_\_\_\_\_

Further investigation deemed necessary: \_\_\_\_\_Yes \_\_\_\_\_No

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date(s) and time(s) of verbal contact with responsible party: \_\_\_\_\_

Date(s) of initial investigation by EHP if applicable: \_\_\_\_\_

Date of referral to Regional Environmental Health Practitioner: \_\_\_\_\_

Date(s) of additional investigation: \_\_\_\_\_

Date of resolution: \_\_\_\_\_